County: Onei da
DR KATE NEWCOMB CONVALESCENT CENTER
301 ELM, PO BOX 829
WOODRUFF 54568 Phone: ( WOODRUFF 54568 Phone: (715) 356-8888
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 65
Total Licensed Bed Capacity (12/31/00): 65
Number of Residents on 12/31/00: 60 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Other Nonprofit Skilled No No Average Daily Census: 62

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	31. 7 46. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6. 7	More Than 4 Years	21. 7
Day Servi ces	No	Mental Illness (Org./Psy)	41. 7	65 - 74	5. 0		
Respite Care	Yes	Mental Illness (Other)	3. 3	75 - 84	26. 7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	51. 7	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3. 3	95 & 0ver	10. 0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1. 7			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	18. 3	65 & 0ver	93. 3	[	
Transportation	No	Cerebrovascul ar	6. 7			RNs	17. 5
Referral Service	No	Di abetes	5. 0	Sex	%	LPNs	5. 9
Other Services	No	Respi ratory	3. 3			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	16. 7	Male	23. 3	Aides & Orderlies	45. 1
Mentally Ill	No			Female	76. 7		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther			Private Pay			Managed Care			Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 1	\$113. 96	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 7%
Skilled Care	ŏ	0. 0	\$0.00	$4\overline{2}$	89. 4	\$97. 17	ŏ	0. 0	\$0.00	13		\$124.00	ŏ	0. 0	\$0. 00	55	91. 7%
Intermediate				4	8. 5	\$80. 38	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	4	6. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	0	0. 0		47 1	00.0		0	0.0		13	100.0		0	0.0		60	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 28.3 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 2. 2 Baťhi ng 0.0 48.3 51.7 60 Other Nursing Homes 41.3 Dressi ng 0.0 **60.** 0 **40**. **0** 60 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 26.7 23.3 60 23.9 50. 0 36.7 48.3 60 0.0 Toilet Use 15.0 60 0.0 Eating 70.0 28.3 1. 7 Other Locations 4.3 Total Number of Admissions Continence Special Treatments 46 Percent Discharges To: Indwelling Or External Catheter Receiving Respiratory Care 3. 3 3.3 Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Private Home/No Home Health 6.7 Occ/Freq. Incontinent of Bladder **65.0** 1.7 Private Home/With Home Health 8.9 Occ/Freq. Incontinent of Bowel 36.7 0.0 Other Nursing Homes 8. 9 1.7 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 1.7 Physically Restrained 6. 7 38.3 0.0 0.0 Other Locations 20.0 Skin Care Other Resident Characteristics Deaths 55.6 With Pressure Sores 1. 7 Have Advance Directives 40.0 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs 45 48.3 (Including Deaths)

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	All		
	Facility	Faci	lties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95. 4	87. 5 1. 09	84. 5	1. 13	
Current Residents from In-County	<b>55.</b> 0	83. 6 0. 66	77. 5	0.71	
Admissions from In-County, Still Residing	23. 9	14. 5 1. 65	21. 5	1. 11	
Admi ssi ons/Average Daily Census	74. 2	194. 5 0. 38	124. 3	0. 60	
Discharges/Average Daily Census	72. 6	199. 6 0. 36	126. 1	0. 58	
Discharges To Private Residence/Average Daily Census	11. 3	102. 6 0. 11	49. 9	0. 23	
Residents Receiving Skilled Care	93. 3	91. 2 1. 02	83. 3	1. 12	
Residents Aged 65 and Older	93. 3	91. 8 1. 02	87. 7	1.06	
Title 19 (Medicaid) Funded Residents	<b>78</b> . 3	66. 7 1. 17	69. 0	1. 14	
Private Pay Funded Residents	21. 7	23. 3 0. 93	22. 6	0. 96	
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00	
Mentally Ill Residents	45. 0	30. 6 1. 47	33. 3	1. 35	
General Medical Service Residents	16. 7	19. 2 0. 87	18. 4	0. 90	
Impaired ADL (Mean)*	<b>58</b> . 3	51. 6 1. 13	49. 4	1. 18	
Psychological Problems	48. 3	52. 8 0. 92	50. 1	0. 96	
Nursing Care Required (Mean)*	6. 0	7.8 0.78	7. 2	0.84	